



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050**

September 24, 2013

CERTIFIED MAIL 7007 1490 0003 4201 5685

Almario Austria
Super Care Adult Family Home
14915 28th Lane South
SeaTac WA 98188

Adult Family Home License #752126

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Mr. Austria :

This letter constitutes formal notice of the imposition of conditions on the license for your adult family home, located at **14915 28th Lane South, SeaTac**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and 388-76-10940.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **September 10, 2013**.

WAC 388-76-10430(1)(2)(c)(d) Medication system.

The adult family home failed to ensure the medication log was kept current, and that residents received medications as required, for two residents.

The department has determined that the following conditions shall be placed on your adult family home license:

- *The provider, at his own expense, will hire a registered nurse consultant to assist the provider to develop a medication management system ensuring:*
 - *Development and implementation of a medication management system for reconciling medications with physician orders, medication log, and delivering.*
 - *When to follow up with the pharmacy, physician, and nurse when he does not understand the medications.*

- *How to identify each medication, understand the purpose, and the importance of receiving each medication as prescribed.*
- *The Consultant will be in the Adult Family Home on a weekly basis until the Provider can demonstrate understanding and compliance with medication systems.*
- *The Provider will provide the nurse consultant with the copy of the September 10, 2013 statement of deficiencies prior to beginning working with the provider.*
- *The Consultant will be available to the department to answer questions.*
- *Nurse Consultant shall begin no later than October 4, 2013.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

The effective date of the conditions on your license is **September 24, 2013**. As provided in RCW 70.128.160, WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Bennetta Shoop, Field Manager
District 2, Unit E
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6033 / Fax: (253) 395-5070

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Bennetta Shoop at (253) 234-6033.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, District 2, Unit E
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2

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WA LTC Ombuds
Area Agency on Aging, AAA-King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM